

MURFREESBORO WATER AND SEWER DEPARTMENT

Request to Terminate or Change Bank Draft

To terminate or change the automatic debit of your bank account for your monthly water and sewer bill, please complete the information below.

Please fax to (615) 907-2254 or mail to: P.O. Box 897 Murfreesboro, TN 37133-0897.

| Name(s): (as listed on MWSD account) | |
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| Service Location Address: | |
| Please terminate/change my automatic debit effective on this date: | |
| Please allow at least thirty (30) working days for changes to take effect. There will be a return payment service charge on all rejected bank drafts. After two (2) rejected bank drafts in a twelve (12) month period, your bank draft will automatically be terminated. | |
| Date: | |
| Signed: | |
| Phone: | |
| *** Please include a voided, legible copy of a check indicating the bank account to be debited if changes are being made. | |
| FOR WATER AND SEWER DEPARTMENT USE: | |
| SETUP: | |
| MWSD CODED: | |
| | |